

ACT 299

Improving HCBS : Review of Findings

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Our Purpose

- To improve the supports and service for older persons and individuals with disabilities receiving Home and Community Based Services

Act 299 – Subcommittees

- Accreditation, Compliance, Licensing
- Administrative Burden
- Cost Reporting and Rate Reimbursement
- Support Coordination
- Technology
- Medicaid Enrollment
- Medicaid Delivery Options

Act 299 - Deliverables

- A plan for action that addresses each of the topic areas noted above
- A report to the Legislature about the plan
- Plan and report must be completed by November, 2011

Accreditation, Compliance, Licensing

Chair: Erin Rabalais &
Mary Lynn Bisland

GOALS:

Ensure publication of new HCBS licensing regulations

Analyze issues related to accreditation of HCBS providers

Background

June 20th 2011:

Consolidated licensing regulations for HCBS
published in LA Register as Emergency Rule
and Notice of Intent

Allows providers to request “deemed status” if
they have valid accreditation

Recommendations

1. Encourage accreditation through incentives, such as:
 - Enhanced rates
 - Show agencies with accreditation on Medicaid freedom of choice list

Recommendations

2. Develop performance measures so the benefits of accreditation can be quantified.
For example:
 - Number and nature of deficiencies
 - Number and nature of complaints

Deliverables and Timelines

- June 20: Consolidated licensing regulations for HCBS providers published as Emergency Rule and Notice of Intent
- July 1: Emergency Rule became effective
- October 1: Health Standards began enforcing Emergency Rule
- January 2012: Publication as final rule

Administrative Burden

Chair: Paul Rhorer
& Roma Kidd



GOALS

- Streamline billing procedures for HCBS
- Reduce fraud by improved monitoring of billing procedures
- Identify and address concerns with auditing protocol

Recommendations

- Additional changes to LAST
- Audits are consistent with clear requirements, penalties, and selection process
- Comprehensive Plans of Care should be sent to providers in a timely manner and should not be changed without notification to provider

Deliverables and Timelines

October 25: Implementation of LAST changes

ASAP: HCBS Audit being workgroup established by Department to include providers

December 1: Additional changes to LAST, including Children's Choice report and Service Event List

TBD: Electronic Plan of Care

Cost Reporting & Rates

Chair: Hugh Eley &
Laura Brackin



Goals

- Determine if there is consensus in favor of cost reporting
- Identify key issues in adopting cost reporting
- Identify/develop key elements of a cost reporting format

cont'd

Goals (cont'd):

- Recommend principles or factors in developing a rate methodology
- Recommend options for further study

Recommendations for Cost Reporting

- All HCBS providers should file cost reports
- Format should be consistent for all services
- Should be submitted electronically
- Online training should be available for providers
- Procedures for auditing should be developed

Recommendations for Rate Setting

- Reimbursement should be based on cost
- Methodology should ensure that sufficient funds go to direct care and promote adequate wages for direct support workers
- Reimbursement should be the same for services that are substantially identical

Recommendations for further study

- Rate differentials based on groupings
 - Region
 - Size
 - Acuity
 - Quality

Deliverables & Timelines

- Initial Draft cost report format-- December 31, 2011
- Rules & Procedures-- Publish NOI by March 31, 2012
- Training of Providers-- May 31, 2012
- “Mandated Cost Reports” Rule-- July 1, 2012
- Cost Report Due-- November 30, 2012
- Audit-- After November 30, 2012

Support Coordination

Chair: Mark Thomas
and Leslie Fontenot

Goals

Ensure access to all needed supports for all recipients

Ensure an effective ongoing quality monitoring process

Background Issues

- Person centered focus in planning and support implementation and education for all parties
- Improved communication across stakeholders
- Over burdensome/unreasonable documentation requirements
- Delays and repeat work in approval process with no real improvement in quality

Background Issues

- Multiple plans of care and inconsistency across CPOC/ISP and provider plan of care
- Focus on building natural support networks and community connections
- Team approach to supports
- SC turnover rates (training needs, procedures for continuity/access to documentation for activities completed by SC, clarification of SC roles and expectations by OCDD)

Background Issues

- SC pay and rates (current SC pay is lowest 10th percentile nationwide)
- Funding concerns with regard to individuals moving from nursing homes
- Inconsistency between licensing regulations and existing requirements

Recommendations

- Automation of Components of the Plan of Care process (OCDD and OAAS)
- Modification of the plan approval process to allow SC -Supervisors to approve plans with regional staff completing oversight and monitoring functions (OCDD and OAAS)
- Implementation of Support Coordination Monitoring Tool and Process (OCDD and OAAS)
- Modification to performance expectations through Statement of Work modifications (OCDD) or updated Performance Agreements (OAAS)

Recommendations

- Implementation of Provisional Plans of Care (OAAS)
- Implementation of Community Choices Waiver (OAAS)
- Changes in assessment update requirements (OCDD)
- Person Centered Thinking Initiative (OCDD)
- Implementation of modified ISP via pilot and refocus on annual planning beginning at the third quarterly meeting (OCDD)

Recommendations

- “Specialization” of SCs with assignments to specific duties (OCDD and OAAS)
- Modify flexible hours options and provide further training to providers with regard to flexible hours usage (OCDD)
- Modify process of planning for and scheduling meetings
- Move to a single plan of care rather than a waiver CPOC and then a provider plan of care (OCDD)(OAAS implemented Oct 1, 2011)

Recommendations

- Review all paperwork requirements and remove any unnecessary paperwork and streamline/combine others (OCDD and OAAS)
- Set regular meetings/trainings with support coordination and providers present
- Develop and implement a support coordination core curriculum (OCDD and OAAS)
- Implement provider report card system (OCDD and OAAS)
- Develop tools for recipients and families to use to choose a support coordination agency and provider agency (OCDD and OAAS)

Recommendations

- Assess possible funding mechanisms for individuals moving from nursing homes (OAAS)
- Complete a review of all licensing, CMS, and Department regulations to ensure consistency and make modifications as needed (OCDD and OAAS)
- Develop protocols for maintenance of documents upon termination or resignation of support coordinators (OCDD and OAAS)
- Implement electronic signatures once the support plans are automated (OCDD and OAAS)

Recommendations

- Recruit additional Supported Employment providers (OCDD)
- Incorporate offering job training for each recipient at least at every annual planning (OCDD)
- Implement funding mechanism at time of linkage for SC agency (OCDD and OAAS)
- Address revision process (OCDD)

Deliverables & Timelines

October 2011

- Implementation of modified approval process
- Implementation of support coordination monitoring tool and process (OAAS Jan/2012)
- Modified waiver rule submitted for OAAS
- Specialization in SC agencies (OAAS)

Deliverables & Timelines

November 2011

- Automation of budget documents (OAAS)
- Workgroup for development of support coordination core curriculum

December 2011

- ISP pilot begins
- Modified approval process for NOW/Supports Waiver
- Development of “specialization” areas for support coordination (OCDD)

Technology

Chair: Robin Wagner &
Sylvia Bush



Focus Areas

- Training & Education
- Improve Work and Business Processes
- Improve Participant's Lives

Recommendations

- Adopt a Learning Management System & Course Library to provide web-based on-demand training
- Implement electronic, web-based participant tracking and plan of care tools
- Implement Electronic Visit Verification (EVV) for HCBS as quickly as possible

Recommendations

- Work with technology developers to establish demonstration projects for Telehealth and TeleCare technologies
- Facilitate an innovations-oriented dialogue between technology developers, support coordinators, and direct care workers

Deliverables & Timelines

2012

April: Completion of Participant Tracking and electronic Plan of Care for OAAS

August: Complete implementation of web-based field technology for SC

September: Implement EVV for waiver and LTPCS

October: Implement at least one technology demo per DHH program office

Deliverables & Timelines

2013

January: Completion of Participant Tracking and electronic Plan of Care for OCDD

February: LMT system available; Library for DSW licensing available

Medicaid Enrollment

Chair: Kim Sullivan &
Jim Wright

Goal

Identify and recommend revisions to the provider enrollment process that support sustainable, quality home and community based services

Recommendation

Enhance enrollment requirements as a means
to ensure quality

Streamline the Medicaid enrollment process

Deliverables & Timelines

December 2011: Study and report on Medicaid enrollment process in other states

July 2012: Determine the feasibility of mandatory yearly financial audits for all providers; Determine if a rule needs to be published for Medicaid provider enrollment.

March 2012: Begin capturing information on liability insurance, workers comp, etc through Medicaid provider enrollment (cont'd)

Deliverables & Timelines

December 2012: Change to an electronic provider enrollment process; Possible development of systems that interface with insurance carriers to assure that if coverage is dropped, Medicaid is notified.

Medicaid Delivery Options

Chair: Rick Henley &
Chris Pilley



Goal

To explore Organized Health Care Delivery Systems (OHCDS) as an option for HCBS in Louisiana

Background: Benefits and Uses of OHCDs

Matches well with current HCBS structures

Avoids typical problems experienced by independent contractors (e.g. hiring a neighbor for respite care)

Enables state to use common contracting and payment processes for Medicaid and non-Medicaid services

Providers not restricted to OHCDs



If Decision is to move
forward...

Deliverables

- Develop amendments to the waiver application and state plan
- Submit to the federal oversight agency for approval
- Amend any applicable waiver or state plan rules
- Develop enrollment packets/contracts
- Make changes to programming to allow for billing



NEXT STEPS

Timelines

Stakeholders to review draft plans/reports: 11/2

Stakeholder feedback due: 11/9

Steering Committee to review feedback and
make final recommendations: 11/10

Draft report due internally: 11/15

Stakeholders to review final report: 12/8



Send any comments to:

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